

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
TWYMAN BRIAN MR

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
849 N 11th STREET READING PA 19604 (610) 507-0044

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A ☒ Candidate (including write-in) C ☐ Public Official (Current) D ☒ Public Employee (Current) E ☐ Check this block if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☒ seeking ☐ hold ☐ held

A DISTRICT 3 COUNCILMAN

☐ seeking ☒ hold ☐ held

B RECYCLING LIASON

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A CITY OF READING

B COMMITTEEMAN DISTRICT 12-3

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.

RECYCLING LIASON

2015

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ☒

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ☒ Interest Rate

Name: American Education Services Address: P.O. BOX 61047
Hansburg PA 17106-1047

2.8

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. ☒ (OFFICIAL USE ONLY)

Name: Address:

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒

Source of Gift

Address of Source of Gift

Circumstances (including description) of Gift

Value of Gift

2015 MAR 10 PM 1:40

RECEIVED
BERKS COUNTY
ELECTION SERVICES

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☒

Source (Name and Address)

Value

2015 MAR 10 PM 1:40

RECEIVED
BERKS COUNTY
ELECTION SERVICES

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☒

Business Entity (Name and Address)

Name: Address:

Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☒

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒

Business (Name and Address)

Transferee (Name and Address)

Interest Held
Relationship
Date Transferred

BY: Mark

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

3/9/15

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

City of Reading

Candidate Political Committee Form

The reporting of candidate political committees is required by the City of Reading Code of Ethics, Section 12 Campaign Contributions & Reporting Requirements. Section 12 describes the limitations placed on candidates and the reporting requirements of candidates. Section 12 also requires that the formation of a candidate political committee be reported to the City Clerk's office.

If you are unsure about the need to file the Candidate Political Committee Form, please contact the City Clerk's office at 610-655-6204. This form must be filed with the City Clerk's office upon its completion.

Name and Address of Committee: NORTHSIDE COALITION
1501 N. 14th Street, READING, PA 19604

Name of Candidate: BRIAN TWYMAN

Bank Account Information of Committee: CITIZENS BANK
956 N. 9th Street, Reading, PA 19604

Treasurer's Name: CONSTANCE TWYMAN

Date Formed: April 6, 2015

Report Prepared By:

Constance Twyman

Name:

5-1-2015

Date:

RECEIVED
MAY 08 2015

BY: mak

City of Reading

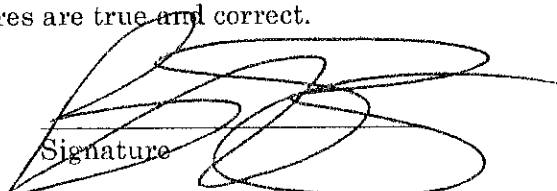
Campaign Finance Disclosure Statement

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

BRIAN TWYMAN
Printed Name


Signature

5-1-15
Date

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		NORTH SIDE COALITION			
Street Address		1501 N. 14TH STREET			
City	READING	State	PA	Zip Code	19604

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Of Election (MM/DD/YYYY)	05/19/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
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Summary of Receipts and Expenditures	From Date	To Date	<p>For Office Use Only</p> <p>2015 MAY 8 PM 1 44</p> <p>RECEIVED BERKS COUNTY ELECTION SERVICES</p>
	04/06/2015	05/07/2015	
A. Amount Brought Forward From Last Report	\$ 0		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 850. -		
C. Total Funds Available (Sum of Lines A and B)	\$ 850. -		
D. Total Expenditures (From Schedule III)	\$ 280. ⁴⁶ / _{xx}		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 569. ⁵⁴ / _{xx}		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 1499. ⁹⁵ / _{xx}		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 205. 00		

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

07 day of MAY 2015

Signature of Person Submitting report: *Constance Twyman*
 Printed Name: CONSTANCE TWYMAN

My Commission expires April 18 2017
 MO. DAY YEAR

Notarial Seal: Ashley L. Wade, Notary Public, Sinking Spring Boro, Berks County
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Area Code: 610 Daytime Telephone Number: (610) 373-0659

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

07 day of MAY 2015

Signature of Candidate: *Brian Twyman*
 Printed Name: BRIAN TWYMAN

My Commission expires April 18 2017
 MO. DAY YEAR

Notarial Seal: Ashley L. Wade, Notary Public, Sinking Spring Boro, Berks County
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Area Code: 610 Daytime Telephone Number: (610) 507-0044

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor		CONSTANCE TWYMAN				Outstanding Balance of Debt	
House #	1501	Street Address	N 14th St		DATE DEBT INCURRED [MM/DD/YYYY]	\$	200.00
City	READING	State	PA	Zip Code	19604		
Description of Debt							
START up money to open checking acct.							

Name of Creditor		BRIAN TWYMAN				Outstanding Balance of Debt	
House #	849	Street Address	N 11th Street		DATE DEBT INCURRED [MM/DD/YYYY]	\$	25.00
City	READING	State	PA	Zip Code	19604		
Description of Debt							
PETITION FILING FEE							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		CITIZENS BANK			Date [MM/DD/YYYY]	\$	171.74 xx
House #	956	Street Address	N 9th STREET		Description of Expenditure CHECKS AND CHECK		
City	READING	State	PA	Zip Code	19604	PRINTING	
To Whom Paid		WALMART			Date [MM/DD/YYYY]	\$	128.69 xx
House #		Street Address	5th St. HIGHWAY		Description of Expenditure 2 phones & MINUTES		
City	READING	State	PA	Zip Code		for Campaign Calls	
To Whom Paid		DEMOCRATIC CITY COMMITTEE			Date [MM/DD/YYYY]	\$	80.00 xx
House #		Street Address			Description of Expenditure campaign signs		
City	READING	State	PA	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
CITIZENS FOR A GREATER READING					04/10/2015		1499.95 XX
House #	Street Address		Date [MM/DD/YYYY]		\$		
1716	OLIVE STREET						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
READING	PA	19604					
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution		PRINTING EXPENSE FOR DISTRIBUTION MATERIAL		
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:																			
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Full Name of Contributor:												Date [MM/DD/YYYY]		\$					
House #		Street Address						Date [MM/DD/YYYY]		\$									
City						State				Zip Code				Date [MM/DD/YYYY]		\$			
Description of Contribution																			

Full Name of Contributor:												Date [MM/DD/YYYY]		\$					
House #		Street Address						Date [MM/DD/YYYY]		\$									
City						State				Zip Code				Date [MM/DD/YYYY]		\$			
Description of Contribution																			

Full Name of Contributor:												Date [MM/DD/YYYY]		\$					
House #		Street Address						Date [MM/DD/YYYY]		\$									
City						State				Zip Code				Date [MM/DD/YYYY]		\$			
Description of Contribution																			

Full Name of Contributor:												Date [MM/DD/YYYY]		\$					
House #		Street Address						Date [MM/DD/YYYY]		\$									
City						State				Zip Code				Date [MM/DD/YYYY]		\$			
Description of Contribution																			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 1499. ⁹⁵ / _{XX}

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 1499. ⁹⁵ / _{XX}
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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip

Code

Date [MM/DD/YYYY]

\$

Receipt Description

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
CHRISTI & KEVIN TEREFENKO						05/04/2015		500.	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1939		WICKFORD PLACE							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
WYOMISSING		PA		19610					
Employer Name						Occupation			
ARTHRTIS & JOINT REPLACEMENT CENTER						MEDICAL BUSINESS			
Employer Mailing Address / Principal Place of Business									
2758 CENTURY BLVD WYOMISSING PA 19610									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: _____									
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
MICHAEL SCHORN						04/23/2015		100. ⁰⁰	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1613		PALM STREET							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
READING		PA		19604					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number											
Full Name of Contributing Committee		CITIZENS FOR A GREATER READING					Date [MM/DD/YYYY]		\$	Amount	
							04/23/2015		\$	250. ⁰⁰	
House #	1716	Street Address		OLIVE STREET			Date [MM/DD/YYYY]		\$		
City	READING	State	PA	Zip Code	19604		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State		Zip Code			Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State		Zip Code			Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State		Zip Code			Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State		Zip Code			Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State		Zip Code			Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State		Zip Code			Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State		Zip Code			Date [MM/DD/YYYY]		\$		

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250.-
All Other Contributions (Part B)		\$	100.-
Total for the reporting period	(2)	\$	350.-
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	500.-
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	850.-

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
			X	
Name of Filing Committee, Candidate or Lobbyist	NORTH SIDE COALITION			
Street Address	1501 N. 14TH STREET			
City	READING	State	PA	Zip Code 19604

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
				X				
Date Of Election (MM/DD/YYYY)	05/19/2015	Year	2015	Amendment Report		Termination Report		

Summary of Receipts and Expenditures	From Date	To Date
	04/06/2015	05/07/2015
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	850. -
C. Total Funds Available (Sum of Lines A and B)	\$	850. -
D. Total Expenditures (From Schedule III)	\$	280.46 XX
E. Ending Cash Balance (Subtract Line D from Line C)	\$	569.54 XX
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1499.95 XX
G. Unpaid Debts and Obligations (From Schedule IV)	\$	235.00

For Office Use Only

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

07 day of MAY 2015
 Signature: [Signature]
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Ashley L. Wade, Notary Public
 Sinking Spring Boro, Berks County
 My Commission expires April 18, 2017
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
 Signature of Person Submitting report: Constance Twyman
 Printed Name: CONSTANCE TWYMAN
 (610) 343-0659
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

07 day of MAY 2015
 Signature: [Signature]
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Ashley L. Wade, Notary Public
 Sinking Spring Boro, Berks County
 My Commission expires April 18, 2017
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
 Signature of Candidate: [Signature]
 Printed Name: BRIAN TWYMAN
 (610) 507-0044
 Daytime Telephone Number